Fill in this information	to identify your case:	
Debtor 1	john wikiera, JR	
Debtor 2 (Spouse, if filing)	dawn wikiera	
United States Bankrup	otcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA	
Case number (If known)	-17018	Check if this is: An amended filing
Official Form	1061	☐ A supplement showing postpetition chapter 13 income as of the following date: MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment								
1.	Fill in your employment information.		Debtor	1	Debtor 2 or non-filing spouse ■ Employed □ Not employed Receptionist				
	If you have more than one job, attach a separate page with information about additional	Employment status	■ Empl	oyed mployed					
	employers.	Occupation	wareho	ousemen					
	Include part-time, seasonal, or self-employed work. Employer's name		mckes	son	The Foot and Ankle Group, PC				
	Occupation may include student or homemaker, if it applies.	Employer's address	•	henry dr sville, NJ 08691	8001 Roosevelt Blvd., Suite 203 Philadelphia, PA 19152				
		How long employed th	nere?	29 Years, 10 Months	9 Years, 11 Months				

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 3,349.67 \$ 3,307.42

3. Estimate and list monthly overtime pay.

3. +\$ 709.76 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

4. \$ 4,059.43 \$ 3,307.42

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	tor 1 tor 2	john wikiera, JR dawn wikiera		C	Case	number (<i>if known</i>)	16-17	'018		
	Com	vy line 4 hore	4			Debtor 1	non-		pouse	
	Cop	y line 4 here	4.		\$_	4,059.43	\$	3,	,307.42	-
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a	۱.	\$	964.86	\$		751.83	_
	5b.	Mandatory contributions for retirement plans	5b		\$_	0.00	\$		0.00	_
	5c.	Voluntary contributions for retirement plans	5c		\$	0.00	\$		0.00	_
	5d. 5e.	Required repayments of retirement fund loans Insurance	5d 5e		\$_ \$	0.00	\$		0.00	_
	5f.	Domestic support obligations	5f.		\$ -	60.67 0.00	\$ 		0.00	_
	5g.	Union dues	5g		<u>\$</u> _	63.92	\$		0.00	_
	5h.	Other deductions. Specify:	5h		\$	0.00	· : —		0.00	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	1,089.45	\$		751.83	-
7.	Calo	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	2,969.98	\$	2	,555.59	=
8.		all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a	1.	\$	0.00	\$		0.00	-
	8b.	Interest and dividends	8b).	\$	0.00	\$		0.00	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c	; <u>.</u>	\$	0.00	\$		0.00	_
	8d.	Unemployment compensation	8d		\$_	0.00	\$		0.00	_
	8e. 8f.	Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	_ 8f.		\$_ \$_	0.00	\$ \$		0.00	-
	8g. 8h.	Pension or retirement income Other monthly income. Specify:	8g 8h). 1.+	\$ _	0.00	* + \$		0.00	_
	on. Other monthly income. Specify.		_ 011	··· 	<u> </u>	0.00	` <u> </u>		0.00	-
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	9	<u> </u>	0.00	\$		0.0	0
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_	2	2,969.98 + \$_	2,5	55.59	= \$ _	5,525.57
11.	Inclu othe	te all other regular contributions to the expenses that you list in Schedule ade contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	depe		,	,	•		∍ J. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certain lies						12.	\$	5,525.57
12	Do:	you expect an increase or decrease within the year after you file this form?	2						Combi	ned y income
13.		No. Yes. Explain:	•							